

2004
**CAP Unit
Aerospace Education Excellence
Award Program**



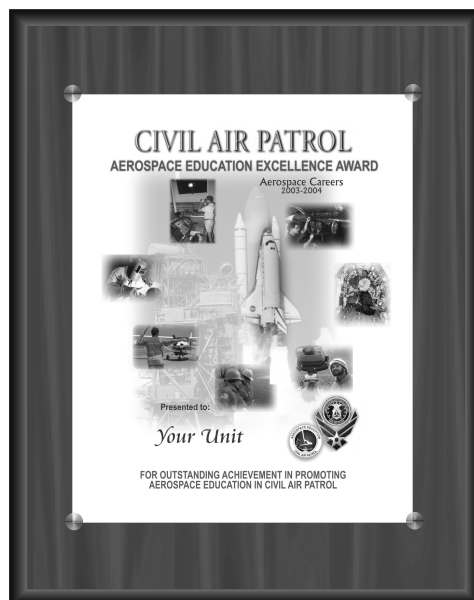
Application Booklet

AEX AWARD

AEX AWARD PROGRAM

The Award

Units can earn the Aerospace Education Excellence (AEX) Award. Get started in January, and it can be yours in July.



This beautiful 11-1/2" X 14" walnut-type plaque with a top quality, first-of-its-kind award certificate would be a proud tribute to your unit's Aerospace Education program.

The Rules

The term "Unit Commander" refers to any commander at any organizational level of Civil Air Patrol from Flight through Region.

Participating commanders and their Aerospace Education Project Officer must agree in writing to complete the program (see "**THE AGREEMENT**" on the next page).

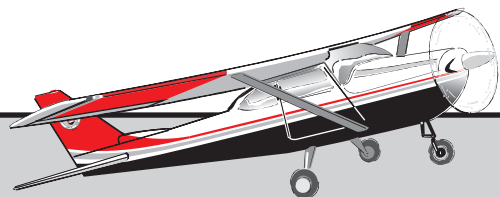
This program must be completed during the months of January through June. One aerospace activity must be completed each month. All activities must be selected from the **AEX Activity Book** that will be mailed to you when National Headquarters/ETA receives your **AGREEMENT**. All booklets will be mailed in early December. All activities must be reported monthly using the enclosed forms (electronic reporting is available).

In addition to the monthly activity, one **AEROSPACE EDUCATION (AE) DAY** of no less than two hours duration must be completed at some time during the six-month period. Note: The normal monthly activity cannot be used to satisfy the additional AE Day requirement. The content of the AE Day is left to the unit commander's judgement. Activities such as airport tours, aviation/space museum visits, rocket launches, ground school training classes, orientation flights etc., are acceptable.

National Headquarters, Civil Air Patrol
Aerospace Education Division
105 South Hansell Street, Building 714
Maxwell Air Force Base, Alabama
36112-6332

Phone: 334-953-4239
FAX: 334-953-4235
E-mail: aex@cap.gov
<http://www.cap.gov>

AEX AWARD



AGREEMENT FORM

Send this form to National
Headquarters / ETA
**NOT LATER THAN
31 DECEMBER**
to participate in this year's
Aerospace Education
Excellence Program.

Remove this page from the
booklet, fill out, fold and mail.
The address is pre-printed.

Did your unit sign up for the **Aerospace**
program last year?

_____ Yes _____ No

Did you complete the program?

_____ Yes _____ No



COMPLETION CERTIFICATE

Cadet and senior members who complete the program will receive a very nice certificate to recognize their efforts. Please indicate the number needed on your June report.

THE AGREEMENT

Charter Number _____

Wing _____

Email _____

Unit Name _____

Address _____

City _____

State _____ Zip Code _____

As Unit Commander, I agree to work in partnership with my Aerospace Education Officer to implement the AEX Award Program. Our signatures below certify our commitment to the program and our commitment to enhancing the aerospace education mission excellence of Civil Air Patrol.

Please send us the **AEX ACTIVITY BOOK** so that we may plan our program.

Signature of Unit Commander

Signature of Unit Aerospace Education
Project Officer

Date _____

**NOTE: ACTIVITY BOOKS WILL BE
MAILED OUT IN EARLY DECEMBER.**

**National Headquarters, Civil Air Patrol
Aerospace Education Division
105 South Hansell Street / Building 714
Maxwell Air Force Base, Alabama 36112-6332**



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Aerospace Education Excellence Award Program

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NATIONAL HEADQUARTERS, CIVIL AIR PATROL
Aerospace Education Division
105 South Hansell Street, Building 714
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AEX AWARD

Charter Number _____

Unit Name _____

Activity Number/Title

Number of Personnel Participating _____

COMMENTS

This image shows a full page of handwriting practice paper. It contains ten identical sets of horizontal guidelines arranged vertically. Each set includes three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a structured space for practicing letter formation and alignment.

If you have completed your "Aerospace Education Day," please complete the following:

Date _____

Location _____

Number Participating _____

Theme _____

Any major aerospace activity meets this requirement as long as a minimum of 2 hours is devoted to aerospace education.





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AEX AWARD

FEBRUARY REPORT

Charter Number _____

Wing_____

Unit Name _____

Address _____

ACTIVITY

Activity Number/Title

(Example: #9, X-43)

Number of Personnel Participating _____

Date of Activity_____

COMMENTS

***Remove this form
from the booklet.***

***Submit one copy of
this form each month
to report your Aerospace
Education activities.***

***The mailing address
is pre-printed on the
back of the form or
e-mail the same
information to:
aex@cap.gov***

If you have completed your "Aerospace Education Day," please complete the following:

Date _____

Location _____

Number Participating _____

Theme _____

Any major aerospace activity meets this requirement as long as a minimum of 2 hours is devoted to aerospace education.





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AEX AWARD

MARCH REPORT

Charter Number _____

Wing_____

Unit Name

Address

ACTIVITY

Activity Number/Title

(Example: #9, X-43)

Number of Personnel Participating _____

Date of Activity_____

COMMENTS

***Remove this form
from the booklet.***

***Submit one copy of
this form each month
to report your Aerospace
Education activities.***

***The mailing address is pre-printed on the back of the form or e-mail the same information to:
aex@cap.gov***

If you have completed your "Aerospace Education Day," please complete the following:

Date _____

Location

Number Participating _____

Theme

Any major aerospace activity meets this requirement as long as a minimum of 2 hours is devoted to aerospace education.





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AEX AWARD

Charter Number _____

Unit Name _____

Activity Number/Title

Number of Personnel Participating _____

Date of Activity_____

[illegible]

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back of the form or
e-mail the same
information to:
aex@cap.gov***

Date _____

Location _____

Number Participating _____

Theme _____



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AEX AWARD

MAY REPORT

Charter Number _____

Wing_____

Unit Name _____

Address_____

ACTIVITY

Activity Number/Title

(Example: #9, X-43)

Number of Personnel Participating _____

Date of Activity_____

COMMENTS

***Remove this form
from the booklet.***

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Education activities.***

***The mailing address
is pre-printed on the
back of the form or
e-mail the same
information to:
aex@cap.gov***

If you have completed your "Aerospace Education Day," please complete the following:

Date _____

Location _____

Number Participating _____

Phone _____

Any major aerospace activity meets this requirement as long as a minimum of 2 hours is devoted to aerospace education.





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AEX AWARD

JUNE REPORT

Charter Number _____

Wing _____

Unit Name _____

Address _____

ACTIVITY

Activity Number/Title _____

(Example: #9, X-43)

Number of Personnel Participating _____

Date of Activity _____

(DON'T FORGET TO ASK FOR YOUR
CERTIFICATES, BELOW.)

COMMENTS

☐

Please send us the Completion Certificates.
I have _____ members participating in this program.

*Remove this form
from the booklet.*

*Submit one copy of
this form each month
to report your Aerospace
Education activities.*

*The mailing address
is pre-printed on the
back of the form or
e-mail the same
information to:
aex@cap.gov*

**If you have completed your
"Aerospace Education Day."
please complete the following:**

Date _____

Location _____

Number Participating _____

Theme _____

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as a minimum of 2 hours is devoted to aerospace education.





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